

Form No. 1

## (1) PLACE OF BIRTH

County of BeaufortTownship of St. Helenaor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 6.0 Registered No. 189

(For use of Local Registrar)

(2) Full Name of Child Emmett Melvin Brown

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Boy

4) Twin or Triplet?

(5) Number in order of birth  
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 11, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

George Brown

9) PRESENT POSTOFFICE OF FATHER

Frogmore S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

30  
(Years)

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Teacher

20) Number of children born to mother, including present birth

5

## MOTHER.

(14) NAME BEFORE MARRIAGE

Edelle Ladson

(15) PRESENT POSTOFFICE OF MOTHER

Frogmore S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

27  
(Years)

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

House Keeper

(21) Number of children of this mother now living, including present birth

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:30 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bernie Brisbane

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness N. King

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12/15/22

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(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

THIS IS A PERMANENT RECORD. IF THIS OR TABLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.